FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

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NAME OF COMMITTEE (in full)		eck if name nanged)	Example:If typing, type over the lines.	12FE4M5	SAN UNIVERSITY OF THE SAN OF THE
JUSTICE FOR ALL	JFA				
1	1111	1 1 1 1 1 1		11111	
ADDRESS (number and street)	2230 Cr	uger Avent	ue 3E		
(Check if address is changed)	Bronx,			NY 10)467 - - - - - - - - - -
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please pro	ovide only one e	-mail address)		
(Check if address	įjfaforus	a@gmail _. c	om		
is changed)	Lill	1 1 1 1 1			
COMMITTEE'S WEB PAGE ADI	ORESS (URL)				
	1.1.1	1111			
(Check if address is changed)	1				
. м. м. 1 . р.	b y . y	· · · · · ·			
2. DATE 06 11	/2015	Martine ()			
3. FEC IDENTIFICATION NU	JMBER	C 00	317453		
4. IS THIS STATEMENT	NEM (N) OR	AMENDED (A)		
I certify that I have examined the	nis Statement	and to the best	of my knowledge and belief	it is true, correct an	d complete.
Type or Print Name of Treasure	Janka	Cvorovic			
Type of Thic Name of heasure	I = I		()	A	
Signature of Treasurer	Juck	1 Ur	m.	Date 06	11° 2015
NOTE: Submission of false, errone	ous, or incom	olete information	may subject the person signing	this Statement to the	penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use			For further Information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

_	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
5.	TYPE OF C					
Candidate Committee:						
	(a) 🔽	This committee is a principal campaign committee. (Complete the candidate information below	v.)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candinformation below.)						
	Name of Candidate	Janka Cvorovic				
	Candidate Party Affiliati	on JFA . Office Sought: House Senate President	State NY			
	•		District 43			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Con	nmittee:				
	(d) 🔽	This committee is a Nationa (National, State or subordinate) committee of the JFA	(Democratic, Republican, etc.) Party.			
	Political A	ction Committee (PAC):				
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fund	fraising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate				
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number C				
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.					

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FEC Form 1 (Revi:		Page 3
Justice For All JFA		
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundralsing Represen	ntative, or Leadership PAC Sponsor
Janka Cvorovic		1
Mailing Address	2230 Cruger Avenue 3E	
	Bronx N	Y 10467
	CITY	TATE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Rep	resentative Leadership PAC Sponsor
7. Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position or	f the person in possession of committee
Full Name	ka Cvorovic	
Mailing Address	2230 Cruger Avenue 3E	
-		
	Bronx	Y 10467 - 9484
Title or Position	CITY STA	TE ZIP CODE
Custodian of Re	ecords Telephone number	[347,] - [736,] - [4876,]
Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the come.g., assistant treasurer).	nmittee; and the name and address of
Full Name of Treasurer Jan	ka Cvorovic	
Mailing Address	2230 Cruger Avenue 3E	
	Bronx	Y 10467 - 9484
Title or Position	CITY STA	TE ZIP CODE
Treasurer	Telephone number	646, - 752, - 5674

2015-10-13-03-00026402

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Reports

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DIVISION

Street

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DEPARTE MP	10/13		
(3/2015)	DATE PREPARED		